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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**



Declaration
Submitted
with Initial
Filing

OR



Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

TOM7

First Named Inventor

SHANE, T.

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PATHOGEN MANAGEMENT SYSTEM

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to: ☒Customer Number
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Correspondence address below

Ryan A. Schneider
Troutman Sanders LLP
Name

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Suite 5200
AddressAtlanta
CityGA
State30308-2216
ZIPUS
Country404.885.2773
Telephone404.962.6849
Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name Tommy J.
(first and middle [if any])Family Name Shane
or SurnameInventor's
Signature

Date

Loganville
Residence: CityGA
StateUS
CountryUS
Citizenship4985 Donald Drive
Mailing AddressLoganville
CityGA
State30052
ZIPUS
Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name Harvey
(first and middle [if any])Family Name Swain
or SurnameInventor's
Signature

Date

Lawrenceville
Residence: CityGA
StateUS
CountryUS
Citizenship852 Mill Cove Drive
Mailing AddressLawrenceville
CityGA
State30045
ZIPUS
Country☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

SHANE, T.

Title

Pathogen Management System

Group Art Unit

Examiner Name

Attorney Docket Number

TOM7

I hereby appoint:

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006980

OR

☐ Practitioner(s) named below:

Name	Registration Number



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REGISTRATION NUMBER

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Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Tommy J. Shane

Signature

Date

1/14/02

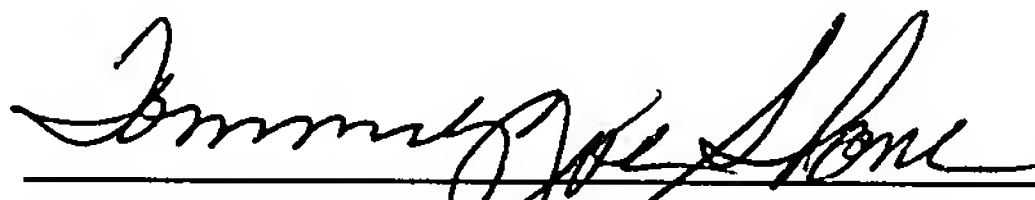
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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Pressurized Solution Feed System For Introducing Hypochlorous Acid To A Fluid Stream (2nd Provisional)
Assignment

IN WITNESS WHEREOF, we have hereunto set my hand and seal this _____ day of _____, 2002.

 (SEAL)
TOMMY J. SHANE

State of _____)

4/14/02
Date

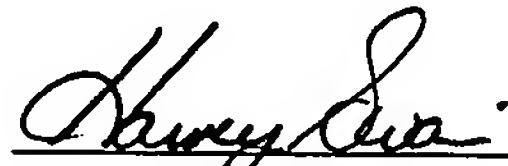
County of _____)

On this ____ day of _____, 2002, before me, a notary public, came to me known and known to be the individual described in and who executed the foregoing assignment, and he duly acknowledged the same to be his free act and deed.

NOTARY PUBLIC

(SEAL)

My Commission Expires:

 (SEAL)
HARVEY SWAIN

State of _____)

1/14/02
Date

County of _____)

On this ____ day of _____, 2002, before me, a notary public, came to me known and known to be the individual described in and who executed the foregoing assignment, and he duly acknowledged the same to be his free act and deed.

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Title

Pathogen Management System

Group Art Unit

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Attorney Docket Number

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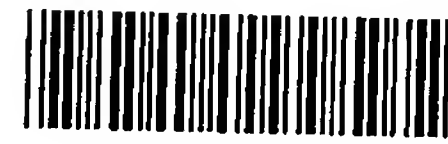
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Individual Name

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Harvey Swain

Signature

Harvey Swain

Date

1/14/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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